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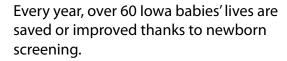
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50 Years of Saving Babies' Lives

2013 is the 50th birthday of newborn screening in the United States!

In 1963, the first state-mandated newborn screening programs began in Massachusetts, Oregon and Delaware. Fifty years later, over 4 million U.S. newborns are screened each year for certain genetic and metabolic conditions, hearing loss, and critical congenital heart disease.





Newborn screening is the practice of testing every baby soon after birth for certain harmful or potentially fatal conditions that are not apparent from physical examination or appearance. For babies who test positive for one of these conditions, rapid identification and treatment makes the difference between health and disability -- or even life and death. It is the largest and most successful health promotion and disease prevention system in the country and is perhaps the fastest, safest way to help protect your baby against certain diseases and medical conditions.

lowa's newborn screening panel tests for over 50 conditions, including the "original" condition, phenylketonuria (PKU), and the newest condition to the panel, Severe Combined Immunodeficiency (SCID) - otherwise known as the "boy in the bubble disease." The State Hygienic Laboratory newborn screening program in Ankeny conducts the testing of the screening specimens, and staff at the University Of lowa Department Of Pediatrics Division of Medical Genetics follows up on any abnormal screening results and work with the baby's health care provider to assure the baby receives necessary care through to either a normal result or a diagnosis.

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For an example of the importance of early detection and treatment of these conditions consider SCID – approximately 1 in 60,000 to 75,000 babies are born with this condition. If left undetected and untreated, almost all babies will die by one to two years of age. If found through newborn screening, treatment includes a stem cell transplant by three months of age, and most babies go on to lead normal healthy lives. With lowa's over 38,000 births per year, that means that that chances are good that at least one baby in two years' time will benefit from newborn screening for SCID and receive life-saving treatment.

Brody's Story

As a school psychologist, Kelsey Baker works daily with children who have educational challenges. She and her husband did everything possible to give their son Brody a healthy start. One week after his birth, they were shocked to learn that Brody was diagnosed with profound biotinidase deficiency. This genetic condition can cause developmental delays, hearing and vision loss, coma, and even death. Fortunately Brody's condition was caught in time. "We are humbled and grateful," Kelsey says. "With continuous treatment, Brody now has the chance to live a quality life full of joy, health and opportunity."

There are economic benefits to the health system, as well: for every \$20 million of newborn screening costs, \$380 million are saved in health gains and avoided long-term care expenses.

One simple screening – using drops of blood obtained from the baby's heel – saves lives. Happy anniversary, newborn screening!

Watch the announcement for the 50th anniversary of newborn screening on the Jumbotron on Times Square: http://vimeo.com/56059584

For more information about newborn screening, visit the Iowa Department of Public Health Center for Congenital and Inherited Disorders' web page: http://www.idph.state.ia.us/genetics/

Follow "Putting Babies First" on Facebook: https://www.facebook.com/PuttingBabiesFirst?fref=ts

"50 Years of Saving Lives" book: http://www.aphl.org/AboutAPHL/publications/Documents/NBS_2013May_The-Newborn-Screening-Story_How-One-Simple-Test-Changed-Lives-Science-and-Health-in-America.pdf

3RNet Mobile Website

We are pleased to announce 3RNet now offers a mobile website! When you access 3RNet.org on a mobile phone, you will be seamlessly directed to the mobile site. On the mobile site, you can:

- Easily search for and view opportunities
- Log in to view full opportunity details

Log in to save opportunities to your favorites for viewing later (access the website from a desktop computer, log in, and click the green "profile" button at the top right to access your saved favorites).



The mobile site uses the same information as the full site it is just in a format that is easy to access on a mobile device, so you can browse opportunities anywhere. Opportunities are added daily, so check back often!

Note: Once on the mobile site, you can choose to view the full website by clicking "View Full Site." Tablets will display the full website.

Do not have an account? Access the website from a desktop computer or laptop to register for a *FREE* account. For questions about 3RNet, contact Katie Jerkins at (515) 423–2690 or katherine.jerkins@idph.iowa.gov.

Help Coordinate Health Care for Local Veterans

The Veterans Health Administration Office of Rural Health coordinated a VISN 23 information sharing meeting on June 4 in Decorah. There were participants from four states including several health providers. They all came together to learn about Veterans Health Administration resources for local veterans. One topic of interest was how non-VA health providers can best ensure care for thier patients who are their veterans. As veterans return from deployment or retire from the military, they continue to want and need medical care. In a recent study as many as 72 percent of veterans in Nebraska go to non-VA providers. Based on the number of veterans and the geographic rurality of lowa, this may be a realistic statistic for our state also. Returning veterans may want to continue to go to their hometown health provider as well as access VA health benefits and services.





The Veterans Rural Health Resource Center - Central Region did a study and found many critical relationships between VA and non-VA providers are underdeveloped. The study also found that delivering comprehensive, quality health care for veterans is often dependent upon the coordination and integration of VA health care with local and private sector health care systems. A survey indicated provider-to-provider communications, access to medical records, and medication information is lacking. Improving relationships between VA and private health care systems by enhancing communication and coordination, as well as identifying dual use in veteran populations, is crucial for improving health outcomes and avoiding potential pitfalls in care of rural and highly rural veterans.

To help facilitate communication and coordination, staff and faculty at the Rural Health Resource Center in lowa City developed the Co-Managed Care Toolkit based on input from VA providers and staff, non-VA providers, and veterans. The toolkit addresses the most common knowledge and communication gaps found in the care of dual use veterans. The toolkit can be used in a general format by non-VA providers or customized to each VA facility as a method for VA health care teams to reach out to non-VA health care teams. The toolkit is meant to not only address common informational barriers to care but also to help facilitate the act of reaching out to other providers to help create a more comprehensive care network for rural Veterans. To download the toolkit visit: http://www.ruralhealth.va.gov/resource-centers/central/comanagement-toolkit.asp.

The Veterans Health Administration Office of Rural Health offers many resources including, hotlines, crisis lines, telehealth information and no-cost webinars for professionals. See them all at http://www.ruralhealth.va.gov.

On Saturday June 29, 10 a.m.–3 p.m. at Hotel Winneshiek there will be a Decorah Community Resource Fair for veterans and their families. Several organizations and programs will have information booths to share resources and opportunities. A similar resource fair will be held in Dubuque in August. For more information contact Stacy Wittrock at stacy-wittrock@va.gov or (319) 338–0581 ext. 3540.



Medicare Billing Information for Rural Providers

The "Medicare Billing Information for Rural Providers and Suppliers" booklet (ICN 006762) has been revised. This booklet is designed to provide education on Medicare rural billing and includes specific information for Critical Access Hospitals, Federally Qualified Health Centers, Home Health Agencies, Rural Health Clinics, Skilled Nursing Facilities, and Swing Beds. The booklet is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/RuralChart.pdf.

Domestic Violence Toolkit for Providers

With funding from the Administration for Children and Families, the Futures without Violence's National Health Resource Center on Domestic Violence has developed a toolkit that will help providers in the screening of domestic violence. The toolkit can be found at: http://www.healthcaresaboutipv.org.

2013 Revised Medicare Benefit Policy Manual

In January, the Centers for Medicare and Medicaid Services revised Chapter 13 of the Medicare Benefit Policy Manual utilized by Rural Health Clinics and Federally Qualified Health Centers. The revised regulations were updated to better reflect the Affordable Care Act legislation. The implementation date for the revision was March 1, 2013. The regulations are available at: http://www.idph.state.ia.us/ohds/RuralHealthPrimaryCare.aspx?prog=RHPC&pg=SORH.

New Guide Provides Tips to Small and Rural Hospitals

A new guide from the American Hospital Association and Association for Community Health Improvement offers advice to small and rural hospitals and care systems on how to develop effective community partnerships. The report notes that changing market dynamics and government health policies are forcing smaller hospitals to develop new approaches to providing services, while focusing on prevention, improved chronic disease management, and wellness activities. The report is available at http://tinyurl.com/smallhosguid.

Mental Health First Aid

Mental Health First Aid is an early intervention public education program that teaches the public how to assist someone experiencing a behavioral health crisis. MHFA teaches the skills needed to identify, understand, and respond to individuals who may be experiencing signs of a mental illness or substance use disorder. First Aid is administered to help individuals connect with appropriate care. More information is available at http://www.mentalhealthfirstaid.org/cs/program_overview/.

Worth Noting

No Cost – Low Cost Colorectal Screening Available in Iowa

Health care providers can now refer eligible individuals in need of colorectal cancer screening and who need assistance to lowa screening locations.

The lowa Get Screened: Colorectal Cancer program offers colorectal cancer screenings to eligible participants and provides education and awareness to all lowans. The provided screenings include the Fecal Immunochemical Tests and/or colonoscopies for individuals who are at



or below 250 percent of the federal poverty level, uninsured or underinsured, and who are lowa residents 50–64 years of age. Currently, there are 12 screening locations across the state that provide these services.

For more information and/or to view a map of our screening locations, please visit: http://www.idph.state.ia.us/IGS/About.aspx or contact Jenny Hodges, IGS screening coordinator, at (515) 281–4779 or Jennifer. Hodges@idph.iowa.gov.

Revised Metro, Micro and Combined Statistical Areas

The Office of Management and Budget released the Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas, and guidance on uses of the delineations of these areas. The bulletin also provides delineations of Metropolitan Divisions in those Metropolitan Statistical Areas that have a single core with a population of at least 2.5 million. The released memo provided guidance on the use of the delineations of the statistical areas. The Metropolitan and Micropolitan Statistical Area standards do not equate to an urban-rural classification; many counties included in Metropolitan and Micropolitan Statistical Areas, and many other counties, contain both urban and rural territory and populations. The bulletin which includes lowa is available at: http://www.whitehouse.gov/omb/bulletins_default.

New Association!

The lowa Association for Infant and Early Childhood Mental Health is now official! Over 70 professionals joined in a celebratory reception on June 11 at the Sheraton in West Des Moines. The reception was held following the first day of Iowa's Trauma Informed Care Conference. The purpose of the reception was to raise awareness about how this newly-established professional association will support Iowa's workforce in promoting healthy mental development. The event was open to anyone who works with Iowa's young children and their families.

Please think about being a member of this association! Membership cost is a special rate of \$25 for first year members; \$10 for students.

To join the IAIECMH please contact: Rhonda Rairden at (515) 281–4926 or rhonda.rairden@idph.iowa.gov

Calendar of Events

Iowa CareGivers Annual Statewide Educational Conference for Direct Care Professionals

Going the Distance, a statewide educational conference for direct care workers who work in all care and support settings

Iowa CareGivers Association

Monday and Tuesday, September 23–24, 2013

Location: Altoona, Iowa

More information available at: http://www.iowacaregivers.org/programs_and_events/conference.php

Webinar: Tobacco Cessation in the Dental Home

National Network for Oral Health Access Wednesday, July 17, 2013 3:30 p.m.–4:30 p.m. EDT

More information available at: http://www.nnoha.org/practicemanagement/webinars.html

Register at: http://cts.vresp.com/c/?NNOHA/838dfa5036/a98e414927/a26656bb1a

Future of Nursing Advanced Practice Summit

Iowa Action Coalition in the Future of Nursing: Campaign for Action

Tuesday, July 30, 2013

Location: Iowa Methodist Medical Center, Education and Research Center, Kelley Conference Center, 1415

Woodland Ave, Des Moines, Iowa 50309

Register at: https://uiowa.qualtrics.com/SE/?SID=SV_agddo988iliNpxr

If you have any questions, please contact Kathryn Dorsey at (319) 335–7008 or kathryn-dorsey@uiowa.edu.

2013 Joint Meeting

Iowa Rural Health Association and Iowa Association of Rural Health Clinics

Thursday, November 21, 2013

Location: Animal Rescue League of Iowa, 5452 NE 22nd St, Des Moines, Iowa 50313

More information available at: http://www.iaruralhealth.org

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